

A NEWSLETTER FOR THE MAINE MEDICAL CENTER FAMILY

President's Message



Show Them We Care

I've always been impressed with singers who perform the same songs night after night, yet make it a fresh performance for each audience. They remember that each crowd is different, and although they're

performing a particular song for the 23rd time, that night's audience is hearing it for the first time.

In many ways, this is how the best people in health care approach their contact with patients. To a nurse speaking with a cancer patient, or a doctor chatting with someone preparing for cardiac surgery, the conversation may be an everyday occurrence. But if you're that patient, a visit to the hospital is far from routine, and you're likely frightened, unsure, and desperately seeking answers.

I can't think of a profession that makes a greater impact on people's lives. The way we interact with patients — the overall experience — may be as important as the medical care and treatment we provide. And this holds true regardless of your position—as I've said many times, we all play a role in patient care.

Good communication is critical. Sadly, the vast majority of negative comments from patients fall under miscommunication or lack of communication.

That's where C-ICARE comes in. C-ICARE (see the box below) guides us through interactions with patients, it's a back-to-basics reminder. It's founded on how patients say they want us to talk to them, including elements such as telling them who you are, what you're going to do, and answering their questions.

In many ways, this seems like good, old-fashioned common sense, and I suppose that's true. C-ICARE serves as a good reminder to view our interactions from the patients' perspective.

For example, if you're drawing blood or checking blood pressure, tell the patient why. If your role is outside of direct clinical care, introducing yourself and telling the patient what you'll be doing in the room shows that you care and you're making a difference in their visit.

I think of the old adage about treating people the way you would want to be treated. That's a good guide in how we interact daily with patients. You already provide terrific care, and by incorporating C-ICARE into every patient interaction, the experience will be that much better.

Thank you for your dedication to our patients.

Respectfully,

A handwritten signature in dark ink, appearing to read 'R. Petersen'.

Richard W. Petersen

President and Chief Executive Officer

Practice the “C-ICARE” model whenever you engage in conversation with patients and peers.

- C ■ CONNECT** with patients. Call them Mr./Ms., or by the name they prefer.
- I ■ INTRODUCE** yourself and your role.
- C ■ COMMUNICATE** what you are going to do, how long it will take, and how it will impact the patient.
- A ■ ASK** and anticipate patients', customers', and visitors' needs, questions, or concerns.
- R ■ RESPOND** to patient questions or requests with immediacy.
- E ■ EXIT** courteously, with an explanation of what will come next (what you will do for them next).

Getting to know . . .

Valerie Fuller



Position:
Nurse Practitioner –
Department of Surgery

Years at MMC:
8+

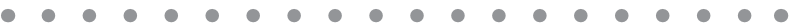
What does your job entail?
What doesn't it entail? I work in the *Department of Surgical Services* providing comprehensive care to vascular surgery patients. This includes providing care throughout the perioperative setting, such as assisting in the OR. In addition, I provide education to patients, families and staff, coordinate care with nurses, residents, attendings, and much, much more.

What people may not know is that:
I've traveled to more than 30 countries on six continents and worked at one of the world's largest department stores,

Harrod's of London. I'm also a gadget girl and just wrote my first book.

If I could have lunch with anyone, it would be:
For sentimental reasons I'd choose both my father, who passed away last year, and my grandmother, who passed away a few months before I was born. My grandmother Valerie was also a nurse; it would be interesting to share stories with her. For fun, I'd like to have lunch with Robin Williams. Laughter is the best medicine!

I love working at MMC because:
It's a big place that feels like a small place. It's nice to recognize so many faces and to get to know people across the institution. It's also located in Maine, one of my favorite places in the world.



Buy, Sell, Browse... Now Online

MMC Marketplace ads (items for sale, real estate, lost and found, child care) are now on the MMC Intranet under the "Shopping" tab. To post an ad, email marketplace@mmc.org.

Paul Gray Research Scholarship Fund

The Paul Gray Research Scholarship Fund was established in 2011 by family and friends in memory of Paul Gray, Vice President for Planning at Maine Medical Center from 1989 - 2011, and Vice President of System-Wide Planning for MaineHealth since its inception in 1997.

The fund will be endowed and the annual interest income will in part support the funding of a summer medical student intern at the Maine Medical Center Research Institute, known as the Paul Gray Scholar. The summer intern committee at MMCRI will review candidates each spring for the scholar position. Each year, every effort will be made for the Paul Gray Scholar to meet with members of Paul's family during the summer months.

Contributions may be added to the Paul Gray Research Scholarship Fund at any time. For more information, contact MMC's Development Department, 662-2669, or dolins@mmc.org.

AROUND THE MEDICAL CENTER

Patient Care Affordability Change to Linen Policy Brings Big Savings

For years, the team at our Laundry facility washed thousands of clean items each day.

That’s changing, thanks to a new Linen Policy, which reduces MMC’s environmental impact and helps our bottom line.

“For years, a common practice at hospitals was to replace all of the linen in a patient’s room, whether it was used or not,” says R6’s Deb Bachand. “For example, some units changed each patient’s bed linen daily.”

In addition, when a patient is discharged, we launder all linen, from sheets to towels, that were in the room. In the past, that usually included many linens that were not used.

Our new Linen Policy, developed as part of our Patient Care Affordability initiative, standardizes when and how we wash items on our 27 nursing units, and provides guidance on when linen should be changed, while supporting quality patient care. We’re also more mindful of how many towels, facecloths, etc., are placed in a patient’s room.

“Generally, the policy asks patients to let us know when fresh towels, washcloths, and sheets are needed, similar to the practice at a hotel,” says Deb, who is the lead for the Patient Care Affordability Medical Surgical Supplies Workgroup.

The goal of the Patient Care Affordability initiative is to improve our efficiency and reduce expenses.

Finally, staff are playing a more active role in identifying linen that should be discarded. Each linen cart has a bag designated for damaged linen, gowns, etc. These items will either be repaired (a gown that needs a new string) or discarded (torn sheets). Previously these unusable items would be washed with the soiled linen, and returned to patient units.

In addition to dramatically reducing our water consumption, we anticipate savings of more than \$150,000 each year with these new practices in place.

MaineHealth Partners with Drexel University Online to Offer Reduced Tuition

A recent partnership between MaineHealth and Drexel University Online will allow MaineHealth employees to apply to more than 100 online degree and certificate programs and receive 10-25 percent reduced tuition, upon enrollment. The partnership even allows for delayed tuition payments until after tuition reimbursement is complete. The reduced tuition also applies to spouses, domestic partners, and immediate family of employees. Check out Drexel University Online’s degree offerings for MaineHealth employees at drexel.com/mainehhealth.

Simulation Center Trains Instructors

The Hannaford Center for Safety, Innovation and Simulation held its first Instructor Development Course in January. The course was taught by the Mayo Clinic Multidisciplinary Simulation Center, which is viewed as one of the industry leaders in teaching simulation instruction theory.

The Instructor Development Course is an important component of the overall success of simulation. The course is highly interactive and immersive, requiring participants put theory immediately into practice by creating and delivering a high-fidelity scenario and by participating as a learner.

The simulation center will provide its own Instructor Development Course beginning this fall. The goal of the program is to improve the way it educates and trains faculty, nurses, and residents, ultimately improving patient safety.

Our Quality Commitment

Maine Medical Center is committed to providing information about our quality and safety record that is clear and understandable. We believe that reporting this information supports our mission to deliver the most effective and safest care to our patients and community. Patient care units at MMC have their own Quality Boards, where patients, families, and staff can review certain quality measures at any time. These boards can also be found in public areas at MMC.

We report MMC-wide measures in each issue of *What's Happening*, as shown below. Please watch for updates every month, and let us know how we can improve the information provided; write to Jeff Gregory, Program Manager, CPI, Gregoj@mmc.org.

Patient Experience: What are patients saying about us?

Measures for December 2011	MMC Rate	MMC Target	US Average
Communication with doctors	80%	79%	80%
Communication with nurses	73%	76%	76%
Responsiveness of staff	55%	66.5%	60%
Communication about medicines	63%	62%	60%
Quietness	55%	60%	58%
Care transitions	60%	65%	65%

Patient Care: How often do we deliver recommended care?

Measure for November 2011	MMC Rate	MMC Target	US Average
Heart attack	96%	98%	95%
Measures for October 2011			
Surgical care	93%	95%	84%
Measures for October 2011			
Heart failure	96%	95%	88%
Pneumonia	100%	98%	86%

Readmission Rates: How often do our adult patients come back to the hospital within 30 days of their discharge?

Measure for November, 2011			
Readmitted within 30 days:	179	Readmission rate:	11.5%

Smart Pump: How often do we use the safety features?

Measure for January 2012			
MMC:	75.1%	Target:	75%

For further information, visit the Balanced Scorecard on MMC's Intranet.

January Anniversaries



Suzanne Parenteau
35 Years



Anne Andrle
10 Years



David Smith
10 Years

40 Years

Jacquelyn Fournier, Birth Center

35 Years

Barbara-Ann Jackson, R6
Suzanne Parenteau, Clinic
Jojean Widor, Clinic

30 Years

Lori Crowley, ED
Jeffrey Sanborn, Safety

25 Years

Judy Philbrick, P3CD
Suzanne Rainville, NICU

20 Years

Keri Breuer,
Post Anesthesiology Care
Marc Lachance, R4
Stephanie Neuts, Radiology
Karen White, IS

15 Years

Doris Ames, P6
Jil Backstrom, Nutrition Services
Diane Fecteau, SSC
Susan Pelletier, HR
Svetlinka Tzekova, R3

10 Years

Anne Andrle, Pharmacy
Mary Beeaker, R9
Heidi Bruce, Transplant
Liza Cagney, ED
Mary Lou Calvo,
Pulmonary Medicine
Judith Curran, OR
Kenneth Floyd,
Environmental Services

Jean Gould,
Learning Resources Center
Mirko Injac, Birth Center
Kimberly Langway, BBCH
Susan LaSala, R6
Judy McCarthy, Encephalography
Ronald Morin, Pharmacy
Carol Morse, R3
Eric Ng, OR
George Ordonez, P6
Deborah Perreault, R3
David Smith,
Pulmonary Medicine
Matthew Trenoweth,
Anesthesiology
Kimberly Wilson, BBCH

5 Years

Betsy Audette, P3CD
Jody Batsford, Purchasing
Judy Bouchard,
Medical and Academic Affairs
Rebecca Brown, R3
Roniece Brulotte, Family Center
Chad Burnham, Security
Joanne Cederna,
Center For Performance
Improvement
Michael Chandler, OR
Martha Clark, Brighton FirstCare
Laurel Coleman, Geriatrics
Tammy Cote, Gibson Pavilion
Donna Cowing,
Outpatient Clinic
Reva Currie, Radiology
Karen Currie, Outpatient Clinic
Catherine Demers,
Linen Processing
Denise Dende, Nursing

Stephanie Desrochers,
Vocational Services
Kari Ellsworth, Nursing
Erin Emery, Care Partners
Nancy Glover, IS
Deborah Groff,
Care Management
Hans Gundersen, ED
Kevin Holloran, Radiology
Sandra Horne, Social Work
Diana Jackson, Pharmacy
Sarah Keeley, Bariatric Clinic
John Liechty,
Pulmonary Medicine
Tamsen Lyons, P6
Christie MacElhiney,
Regulatory Affairs
John Macone,
New England Organ Bank
Andrew May, IS
Sandra McKinney,
Continuing Care Nursery
Louise Mooney, Dialysis Nursing
Elizabeth Motyka, BBCH
Deborah Osborn,
Care Management
Jamieson Ramsay,
Outpatient Registration
Cindylee Ransford, CICU
Robert Riggs, Nutrition Services
Bonnie Ross, Brighton FirstCare
Kristin Russell-Perkins, Security
Ann Salerno, Cancer Institute
Deborah Shearer, Admitting
Christine Ward-DeChaine,
NICU
Dorothy Young, SCU

February Anniversaries



Peter Martelle
40 Years



Elizabeth Stuart
30 Years



Susan Garneau-Blais
25 Years



Eleanor Sapko
20 Years

40 Years

Peter Martelle, Cardiac Surgery

35 Years

Russell Burnett, OR

30 Years

Noreen Edwards,
Gibson Pavilion
Elizabeth Stuart, Prenatal Center

25 Years

Kathleen Bennett,
Cardiothoracic ICU
Gina DiBiase, OR
Judith Garcia, P6
Susan Garneau-Blais,
Care Management
Sachiko Hart,
Clinical Engineering
Daniel Lambert, Pharmacy
Brenda McGrath, ASU

20 Years

Diane Gray, Radiology
Eleanor Sapko,
Health Information
Management

15 Years

Rebecca Barter, R3
Mary Becker, ED
Wulf Closser, Financial Services
Marjorie DeSanctis, Pharmacy
Mark Flaherty, CSP
Cynthia LaDuke, IS
Colin McLean,
Surgical Technical School
Jane Nunan, R6
Charlene Robinson, Distribution

10 Years

Jane Andrews, Nutrition Services
Hasan Bedak, EVS
Sandra Blaisdell, NICU
Paul Caron, IS
Cara Dill, Gibson Pavilion
Diane Farren, Nursing
Teri Flynn, OR
Elizabeth Gaudet, NICU
Jasminka Gluic-Koprenica,
Care Management
Robert Lowell, Copy Center
Jacqueline McLaughlin, CICU
Patrick Nelson, Radiology
Betty Wagner,
Health Information
Management
Elizabeth Westburg, Dialysis
Kimberly Wick, SCU

5 Years

Hashim Abdi, Nutrition Services
Tammy Ashey, R1
Teresa Brake, Vocational Services
MaryAnn Clay, EVS
Alan Goodfellow, Pharmacy
Laura Gregoire, NICU
Dorice Groshon, BBCH
Jill Hamilton, R6
Christina Hart, R3
Mary LaFond, OR
Philip Maloney, Linen Processing
Lorraine McLaughlin,
Pulmonary Medicine
Sean Moroney, P3CD
Melissa Nickerson, Nursing
Pamela Patten-Pahel, ED
Matthew Poirier,
Anesthesiology &
Pain Management
Jeanette Pretorius,
Gibson Pavilion
Brandon Romano,
Facilities Development
Daniel Smart,
Pulmonary Medicine
Hidi St Peter, R3
Shaunnalea Trefethen,
Radiology
Tammy Whitney,
Care Management
Sarah Wylie, P6

Jump-start Your Weight Loss

This year's WOW!
Wellness Team
Challenge kicks off
on Monday, March 5.
Jump-start your
weight loss plan
and get healthy with
the support of your
coworkers. Teams
may consist of two
to ten participants,
including a coach, and
each participant must
sign a release before
the Challenge begins.
Learn more online at
the WOW! home page.

Looking Back . . .

Data Crunching circa 1969

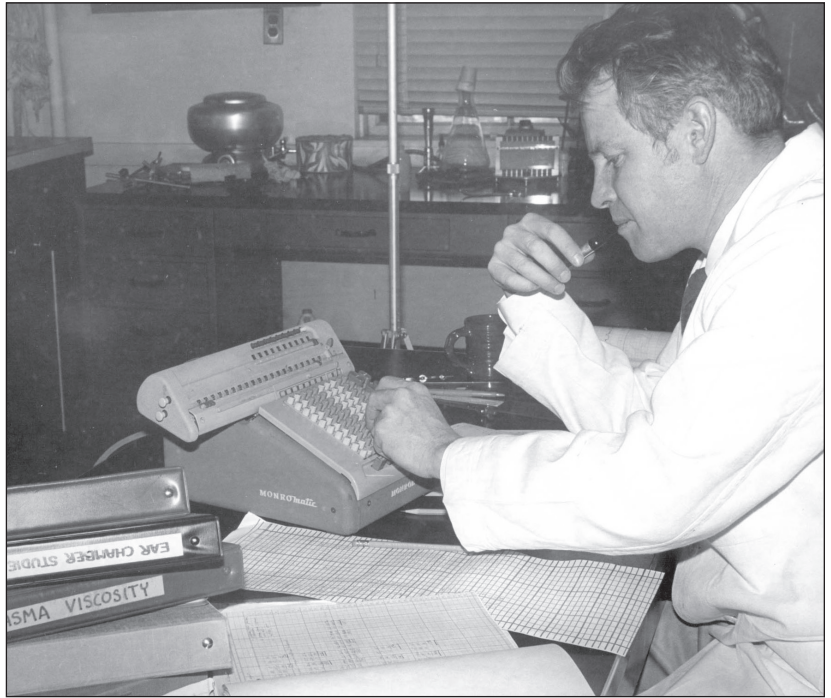


Photo courtesy Maine Medical Center Archives

Throughout our history, research has been one of three fundamental principles governing the operation of our hospital. In 1969, the Research Department's Cardiovascular Research Laboratory was under the direction of Peter W. Rand, MD, seen here reviewing test data. At the time, Dr. Rand's research was focused on investigation of the flow properties of blood and the various factors that affect those properties.

Rand, who began his career at MMC as an intern in 1955, is still hard at work. He is the Senior Investigator at the Vector-borne Disease Laboratory at MMCRI, where he and his colleagues are conducting research on ticks and Lyme disease. In addition to research activities, the lab maintains a website with the purpose of educating the public on ticks found in Maine and the prevention and symptoms of Lyme disease.



centered around you

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What's Happening is published monthly at Maine Medical Center for members of the hospital community and for friends of the institution throughout Maine and northern New England.

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